

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12445**
Registrar's No. **2899**

FILED MAR 31 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2899	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 mth		c. CITY (If outside corporate limits, write RURAL and give township) Bartlesville,		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rex Hotel 10 N.10th St.				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) Clive		a. (First) William		b. (Middle) Tyndall		c. (Last) Tyndall	
4. DATE OF DEATH (Month) (Day) (Year) March 16 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	
8. DATE OF BIRTH June 30, 1906		9. AGE (In years, last birthday) 46		10. IF UNDER 1 YEAR Months Days 46		11. IF UNDER 1 YEAR Hours Mins. 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy County Assessor		10b. KIND OF BUSINESS OR INDUSTRY Washington, Co., Okla.		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Thos. Tyndall		13b. MOTHER'S MAIDEN NAME Lilly May Nelson		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.2 & Korean		17. INFORMANT'S SIGNATURE OR NAME Lilly May Tyndall, Bartlesville, Okla.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:06 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. Perry				23b. ADDRESS 1200 Clark		23c. DATE SIGNED 3/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/17/53		24c. NAME OF CEMETERY OR CREMATORY Bartlesville, Okla.		24d. LOCATION (City, town, or county) (State) Bartlesville, Okla.	
DATE REC'D BY LOCAL REG. MAR 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Son St. Louis, Mo.			

G.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 6 1953

APR 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.